APPLICATION FOR WAIVER OF THE CHAPTER 7 FILING FEE FOR INDIVIDUALS WHO CANNOT PAY THE FILING FEE IN FULL OR IN INSTALLMENTS

The court fee for filing a case under chapter 7 of the Bankruptcy Code is $299.

If you cannot afford to pay the full fee at the time of filing, you may apply to pay the fee in installments. A form, which is available from the bankruptcy clerk's office, must be completed to make that application. If your application to pay in installments is approved, you will be permitted to file your petition, generally completing payment of the fee over the course of four to six months.

If you cannot afford to pay the fee either in full at the time of filing or in installments, you may request a waiver of the filing fee by completing this application and filing it with the Clerk of Court. A judge will decide whether you have to pay the fee. By law, the judge may waive the fee only if your income is less than 150 percent of the official poverty line applicable to your family size and you are unable to pay the fee in installments. You may obtain information about the poverty guidelines at www.uscourts.gov or in the bankruptcy clerk's office.

Required information. Complete all items in the application, and attach requested schedules. Then sign the application on the last page. If you and your spouse are filing a joint bankruptcy petition, you both must provide information as requested and sign the application.

United States Bankruptcy Court
__________ District of Rhode Island

In re: Robert S. Berrillo
Debtor(s)

Case No. ____________
(if known)

APPLICATION FOR WAIVER OF THE CHAPTER 7 FILING FEE FOR INDIVIDUALS WHO CANNOT PAY THE FILING FEE IN FULL OR IN INSTALLMENTS

Part A. Family Size and Income

1. Including yourself, your spouse, and dependents you have listed or will list on Schedule I (Current Income of Individual Debtors(s)), how many people are in your family? (Do not include your spouse if you are separated AND are not filing a joint petition.) ONE

2. Restate the following information that you provided, or will provide, on Line 16 of Schedule I. Attach a completed copy of Schedule I, if it is available.

   Total Combined Monthly Income (Line 16 of Schedule I): $4150.—

3. State the monthly net income, if any, of dependents included in Question 1 above. Do not include any income already reported in Item 2. If none, enter $0.

   $—

4. Add the "Total Combined Monthly Income" reported in Question 2 to your dependents' monthly net income from Question 3.

   $—

5. Do you expect the amount in Question 4 to increase or decrease by more than 10% during the next 6 months? Yes ___ No ✓

   If yes, explain.

Part B. Monthly Expenses

6. EITHER (a) attach a completed copy of Schedule J (Schedule of Monthly Expenses), and state your total monthly expenses reported on Line 18 of that Schedule, OR (b) if you have not yet completed Schedule J, provide an estimate of your total monthly expenses.

   $7,287.—

7. Do you expect the amount in Question 6 to increase or decrease by more than 10% during the next 6 months? Yes ___ No ✓
   If yes, explain.

Part C. Real and Personal Property

EITHER (1) attach completed copies of Schedule A (Real Property) and Schedule B (Personal Property), OR (2) if you have not yet completed those schedules, answer the following questions.

8. State the amount of cash you have on hand. $—0—

9. State below any money you have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:	Type of Account such as savings, checking, CD:	Amount:
BANK OF AMERICA	CHECKING	$250.—
—	—	$—

10. State below the assets owned by you. **Do not list ordinary household furnishings and clothing.**

Home	Address: 441 BROADWAY PROV. RI	Value: $ 200,000. — Amount owed on mortgages and liens: $ 450,000. —
Other real estate	Address: 94 GROVE St PROV. RI	Value: $ 130,000. — Amount owed on mortgages and liens: $ 360,000. —
Motor vehicle	Model/Year: 380 / 2004	Value: $ 500. — Amount owed: $ —
Motor vehicle	Model/Year: —	Value: $ Amount owed: $ —
Other	Description —	Value: $ — Amount owed: $

11. State below any person, business, organization, or governmental unit that owes you money and the amount that is owed.

Name of Person, Business, or Organization that Owes You Money	Amount Owed
CENTRAL MORTGAGE COMPANY	$ 380,000. —
AMERICAN EXP	$ 19,000. —

Part D. Additional Information.

12. Have you paid an **attorney** any money for services in connection with this case, including the completion of this form, the bankruptcy petition, or schedules? Yes ___ No ✓
If yes, how much have you paid? $ ________

13. Have you promised to pay or do you anticipate paying an **attorney** in connection with your bankruptcy case? Yes ___ No ✓
If yes, how much have you promised to pay or do you anticipate paying? $ ________

14. Have you paid **anyone other than an attorney** (such as a bankruptcy petition preparer, paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form, the bankruptcy petition, or schedules? Yes ___ No ✓
If yes, how much have you paid? $ ________

15. Have you promised to pay or do you anticipate paying **anyone other than an attorney** (such as a bankruptcy petition preparer, paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form, the bankruptcy petition, or schedules? Yes ___ No ✓
If yes, how much have you promised to pay or do you anticipate paying? $ ________

16. Has anyone paid an attorney or other person or service in connection with this case, on your behalf? Yes ___ No ✓

If yes, explain.

17. Have you previously filed for bankruptcy relief during the past eight years? Yes ___ No ✓

Case Number (if known)	Year filed	Location of filing	Did you obtain a discharge? (if known)
________	________	________	Yes ____ No ____ Don't know ____
________	________	________	Yes ____ No ____ Don't know ____

18. Please provide any other information that helps to explain why you are unable to pay the filing fee in installments.

19. I (we) declare under penalty of perjury that I (we) cannot currently afford to pay the filing fee in full or in installments and that the foregoing information is true and correct.

Executed on: Oct 18 2010 ________________________
Date Signature of Debtor

________________________ ________________________
Date Signature of Codebtor

DECLARATION AND SIGNATURE OF BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required under that section.

____
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social-Security No. (Required by 11 U.S.C. §110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs the document.

____

____
Address

x________________________ ________________
Signature of Bankruptcy Petition Preparer Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B6I (Official Form 6I) (12/07)

In re ______________________________, **Case No.** ______________________
Debtor **(if known)**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):

Employment:	DEBTOR	SPOUSE
Occupation		
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	$ 4,150	$
2. Estimate monthly overtime	$	$
3. SUBTOTAL	$ 4,150	$
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	$	$
b. Insurance	$	$
c. Union dues	$	$
d. Other (Specify): ______________	$	$
5. SUBTOTAL OF PAYROLL DEDUCTIONS	$	$
6. TOTAL NET MONTHLY TAKE HOME PAY	$ 4,150	$
7. Regular income from operation of business or profession or farm (Attach detailed statement)	$ RETIRED	$
8. Income from real property	$ —	$
9. Interest and dividends	$ —	$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	$ —	$
11. Social security or government assistance (Specify): ______________	$ —	$
12. Pension or retirement income	$ —	$
13. Other monthly income (Specify): ______________	$ —	$
14. SUBTOTAL OF LINES 7 THROUGH 13	$ —	$
15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)	$	$
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	$ 4,150	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

____

____

B6J (Official Form 6J) (12/07)

In re ______________________, Case No. ______________
Debtor (if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	$ 6,760
a. Are real estate taxes included? Yes ✓ No ___	
b. Is property insurance included? Yes ✓ No ___	
2. Utilities: a. Electricity and heating fuel	$ 60.- PROCH FUEL
b. Water and sewer	$ 42.-
c. Telephone	$ 35.-
d. Other ______	$ 200.-
3. Home maintenance (repairs and upkeep)	$
4. Food	$ FOOD STAMPS
5. Clothing	$ ~~Food Stamps~~ -
6. Laundry and dry cleaning	$ -
7. Medical and dental expenses	$ 35.-
8. Transportation (not including car payments)	$ 40.-
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	$ —
10. Charitable contributions	$ —
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	$ —
b. Life	$ —
c. Health	$ -
d. Auto	$ 1,200.-
e. Other ______	$ —
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) ______	$ —
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	$ —
b. Other ______	$ —
c. Other ______	$ —
14. Alimony, maintenance, and support paid to others	$ —
15. Payments for support of additional dependents not living at your home	$ —
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	$ —
17. Other ______	$ —
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	$ 7,287

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:
______

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	$ 4150
b. Average monthly expenses from Line 18 above	$ 7,287
c. Monthly net income (a. minus b.)	$ -